



## MORE SB 151 QUESTIONS AND ANSWERS

**Q** Can a California pharmacy fill a controlled substance prescription from an out of state prescriber for a patient in California?

**A** California Code of Regulations section 1717(d), in accordance with Business and Professions Code section 4005(b), allows written and oral prescriptions from out-of-state prescribers. Pharmacies must verify the prescription. The pharmacist should use his or her best professional judgment when filling out-of-state prescriptions.

**Q** Can the new tamper-resistant security prescription form be preprinted with more than one prescriber; for example, a group practice setting?

**A** Yes. The forms should include check boxes or some other means to identify the specific prescriber's name, category of licensure, state license number, and DEA number.

**Q** What should a prescriber do if he or she is out of the triplicate prescription forms and/or has not yet received his or her new tamper-resistant security prescription forms but needs to write a controlled substance prescription?

**A** The Board of Pharmacy is most concerned that the healthcare needs of legitimate patients be met during the transition to the new tamper-resistant prescription form and has issued a [memo dated August 11, 2004](#), that supports prescribers' temporary use of the exception to the special form requirement in Health and Safety Code section 11167. Prescribers must make good faith efforts to obtain the new prescription forms in compliance with the law.

Prescribers must write "11167 exemption" on the prescription and pharmacists' should exercise their professional judgment when filling these prescriptions with the highest priority given to evaluating whether a prescription is authentic and issued for a legitimate medical purpose.

Health and Safety Code section 11167 allows, in an emergency, where failure to issue the prescription could result in loss of life or intense suffering, an order for a controlled substance to be dispensed on an oral, faxed or plain paper prescription as long as the order contains all of the required information. Written orders must be signed and dated by the prescriber. The pharmacist must reduce oral or faxed prescription orders to hard copy form. The prescriber is required to provide a written prescription on the appropriate prescription form by the 7th day following the order. The pharmacist must notify the Bureau of Narcotic Enforcement within 144 hours of the prescriber's failure to do so, including the date and method of notification.

**Q** What are the quantity check-off boxes on the new tamper-resistant prescription forms?

**A** The quantity check-off boxes are a security feature that ensures the quantity, for which the prescription is written, is not tampered with in any way. The prescriber writes the prescription as usual, including the quantity, in the body of the prescription. In addition, the prescriber checks the box next to the applicable quantity range confirming the quantity for each prescription written. If the prescription is for anything other than tablets or capsules, the prescriber must also designate the units referenced in the quantity range.

**Q** How does a prescriber mark the quantity check-off boxes on the new tamper-resistant security prescription form when writing a prescription for multiple drugs on one prescription form?

**A** Some of the new tamper resistant prescription forms provide separate sections for writing multiple drug prescriptions, which include separate quantity check-off boxes for each. However, some form designs include only one set of quantity check-off boxes. Prescribers' check the appropriate quantity range confirming the quantity for each prescription written. For example, if a prescriber writes one prescription for 100 tablets and, on the same form, writes another prescription for 25 tablets, the prescriber would check the quantity ranges 75 to 100 and 25 to 49. If the quantity of more than one prescription falls within the same range, simply check the quantity range once. For example, if the prescriber writes three prescriptions and two are for 100 tablets each and one is for 300 tablets, the prescriber would check the quantity ranges 75–100 and 151 and over.

**Q** Does my facility qualify as a “licensed health care facility” so that we can order “institution” style tamper-resistant prescription forms?

**A** *"Licensed health care facility"* means a facility licensed pursuant to Article 1 (commencing with section 1250) of Chapter 2 of Division 2 of the California Health and Safety Code, such as, a general 24-hour acute care hospital, acute psychiatric hospital, skilled nursing facility, or intermediate care facility.

**Q** Where can I find a list of all controlled substances including the drug schedule?

**A** California controlled substance standards and drug schedules, along with a corresponding list of drugs, are found in Chapter 2 of Division 10 of the California Health and Safety Code (commencing with section 11053). A Federal list of controlled substances, including the drug schedule, can be found on the Drug Enforcement Administration's website at <http://www.deadiversion.usdoj.gov/schedules>.

**Q** Can a Schedule II controlled substance prescription be refilled?

**A** No. Prescribers should mark zero (0) or no refills (NR). The new tamper-resistant forms include an area for refills because the form can be used for any controlled or non-controlled substance prescription.

**Q** Can more than one Schedule II medication be written on the same form?

**A** Yes. As long as the new prescription form has the statement at the bottom that reads, “Void if the number of drugs is not noted” and a line provided for the physician to write in the number of drugs prescribed.

**Q** Can a pharmacist fill a prescription for a controlled substance if an error is found on the prescription?

**A** The prescriber’s signature and the date written are required to be written by the prescriber. Everything else can be written by the prescriber or his or her agent. Therefore, the pharmacist can make changes to any other information on the prescription as long as the pharmacist verifies the change with the prescriber first.

**Q** Is the pharmacy still required to keep a separate record for Schedule II prescriptions filled? If so, what if there is more than one prescription on the form?

**A** Pharmacies are required to keep a separate record in the pharmacy of Schedule II prescriptions filled regardless of whether or not the prescription includes other non-Schedule II medications. Additionally, the pharmacy is required to submit the Schedule II prescription information to CURES electronically or on disk, and effective January 1, 2005, must submit both Schedule II and III prescription information to CURES.

**Q** Can a prescriber electronically transmit a Schedule III through V controlled substance prescription from a computer or personal digital assistant (PDA) to a pharmacy’s computer or fax machine?

**A** Yes. Advice from the Drug Enforcement Administration in a letter from Patricia M. Good, Chief of the Liaison and Policy Section, Office of Diversion Control for the U.S. Department of Justice dated September 28, 2001, states that current DEA regulations allow for Schedule III, IV, or V controlled substances that are electronically created or transmitted, which includes PDA’s, either directly to a computer or via facsimile machine, be treated as an oral prescription. This means the prescription must be reduced to hard copy form by the pharmacist and retained for at least three years. Additionally, a pharmacist that receives an electronically transmitted prescription via facsimile, or other methods, must ensure the validity of the prescription prior to dispensing the controlled substance (Title 21, Code of Federal Regulations section 1306.21).

Electronically transmitted prescriptions, including those sent via PDA, must contain an electronic signature of the prescriber. Pharmacies must ensure the authenticity, integrity, non-repudiation, and confidentiality of the document. Authentication means ensuring that the prescriber is the person he or she purports to be. Integrity means ensuring that both the document and the signature have not been altered in the course of transmission. Non-repudiation means ensuring that a party to the transaction cannot later disclaim it. Moreover, a pharmacist has an affirmative obligation to verify a prescription when appropriate to do so.

The pharmacy must also ensure that a prescription has been electronically transmitted to the pharmacy of the patient's choice. This may be done a number of ways, including, but not limited to, an affirmative statement on the prescription that the prescriber advised the patient of this right.